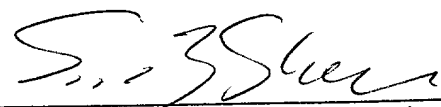


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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 0170SS-45347		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 16	Total Claims (37 CFR 1.16(i))	(B) 19	**** -0- =	x \$_____ =		or	x \$_____ =	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* -0- =	x \$_____ =			x \$_____ =	
Basic Fee (37 CFR 1.16(h))					\$355		\$_____	
Total Filing Fee					\$355	OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	*** 19	MINUS	** 20	* -0- =	x \$_____ =		x \$_____ =	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 3	= -0- =	x \$_____ =		x \$_____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>060580 (0170SS-45347)</u></p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>355</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p><u>12/5/00</u></p> <p>Date</p> </div> <div style="width: 50%; text-align: center;"> <p></p> <p>Signature of Applicant, Attorney or Agent of Record</p> <p><u>Sue Z. Shaper</u></p> <p>Typed or printed name</p> </div> </div>								

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